## ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **St Anthony Memorial Health Center**

City: Michigan City County: LaPorte Year: 2004

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	14	331	2,348	\$8,853
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	75	4,483	19,701	\$2,944
Neonatal Intermed	0	0	0	\$0
Obstetrics	22	745	1,584	\$1,756
Pediatric	19	385	1,135	\$1,880

Psychiatric	0	0	0	\$0
Rehabilitation	45	1,497	8,575	\$4,110
Substance Abuse	16	231	2,837	\$8,103
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	191	7,672	36,180	NA
Normal Newborn	20	610	1,334	\$1,201

II. Outpatient Visits				
Circulatory System	4,865	Digestive System	3,679	
Endocrine System	4,558	Injuries and Poison	7,683	
Mental Disorder	973	Musculoskeletal	7,645	
Neoplasms	2,933	Nervous	1,863	
Respiratory	3,512	Urinary	4,815	
Other/Unknown	29,993	Total Visits	72,519	
Number of Visits to Emerge	24,871			
Percent of Emergency Department Visits of Total Visits			34.3%	

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## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	Y - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
N - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	N - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Opthalmic Surgery	Y - Optometric Service	N - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

<u>Health Care Regulatory Services</u>

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